

Title: ACOG's Professional Education of Obstetrician–Gynecologists Reduces Barriers to Perinatal HIV Screening

Organization: American College of Obstetricians and Gynecologists (ACOG)
Washington, DC

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Topical Issues of Focus: Using CDC funding to build on existing HIV programs;
Provider training

Background/Objectives

The problem is how to offer routine HIV counseling and screening so that testing is offered to all pregnant women. The objectives are to identify specific provider barriers to counseling and testing, develop innovative provider and patient educational materials to help overcome barriers, identify effective avenues for disseminating professional educational materials to obstetric providers, and develop mass media efforts to raise public awareness and promote prenatal HIV screening

Methods

Funds from the CDC grant (1999–2001) allowed the American College of Obstetricians and Gynecologists (ACOG) to develop and broadly disseminate *Routine Prenatal HIV Screening* (the "Purple Folder"), a packet of innovative educational materials for obstetrician–gynecologists that included newly revised ACOG information supporting routine HIV testing (with patient notification) as a standard component of prenatal care. The funds also allowed ACOG to develop specialized tools to aid clinicians in counseling and testing pregnant women for HIV. The new educational materials are the *Physician Fact Sheet on HIV Testing*, a laminated information card on HIV testing for physician reference and the *Important News for Pregnant Women* tear pad, a "prescription-like" tear off pad giving a convenient summary of routine prenatal blood tests, including HIV, and answers to frequently asked questions about HIV testing for patients to read and take home. Funding from the grant also enabled ACOG to develop a Spanish translation of the patient materials.

The "Purple Folder" was sent to the following individuals and organizations:

- 33,000 ACOG Fellows in active practice in the United States
- ACOG District/Section leadership
- Ob–Gyn Post Graduate course directors
- 50 State health directors
- 50 State AIDS directors
- 50 State maternal-child health directors
- Other similar professional organizations and key partners, including pediatricians, family physicians, nurse-midwives, nurse practitioners, and nurses
- All other CDC grantees receiving the same grant award

- 187 members of the Maternal–Child Health Providers' Partnership Project
- 2,500 additional packets sent to individuals upon request

Upon receipt of these materials, a number of State health departments contacted ACOG to obtain and distribute the "Purple Folder" to other obstetric providers, e.g., family physicians, in their states.

To raise public awareness of the importance of prenatal HIV screening, ACOG initiated the following mass media events to coincide with the distribution of the "Purple Folder":

- Press conference at ACOG's annual clinical meeting in May 2000, announcing the new recommendations on prenatal HIV screening, including a press release sent to hundreds of journalists nationwide. As a result, ACOG's recommendations were covered in national and state news outlets through print media, the Internet, and broadcast news.
- Prominent stories in medical trade press and women's/general interest magazines.
- A video news release describing ACOG's prenatal HIV screening initiative was produced as part of the grant project. The video was picked up by broadcast news outlets and reached approximately 650,000 people.
- Feature stories in the College newsletter *ACOG Today* outlined the new recommendations and survey results.
- HIV screening recommendations and new tools available for physicians and their pregnant patients were advertised in *Obstetrics and Gynecology*.

To evaluate the effectiveness of the new materials to impact obstetrician–gynecologists' prenatal counseling and testing practices, ACOG Fellows were surveyed before and after distribution of the "Purple Folder." For each survey (pre- and post mailing), a random sample of 1,000 ACOG Fellows representing all 50 states and the District of Columbia was identified.

Results

The most encouraging survey result was that 91.6% and 92.6% of ACOG Fellows who responded (pre- and post mailing respectively) routinely advise all of their pregnant patients to have an HIV test. The high premailing percentage is likely a result of the impact of ACOG's (as well as the CDC's and other professional groups') earlier activities focused on pregnant HIV patients, and may have created the "glass ceiling" effect reflected in the small increase in postmailing percentage.

In the premailing survey, the most frequently cited barriers to testing all pregnant patients were:

- Insufficient time (72%)
- Burdensome consent process (69%)
- Low-risk patient population (41%)

In the postmailing survey, insufficient time and a burdensome consent process had decreased significantly as barriers to testing:

- Insufficient time decreased from 72% to 14% (58%)
- Burdensome consent process decreased from 69% to 33% (36%)

In 2003, grant staff conducted an informal survey of obstetric providers known to be using ACOG's prenatal HIV educational materials. Respondents reported that the *Important News for Pregnant Women* tear pad saves time (82%); encourages reluctant patients to be tested (64%); lessens counseling burden (45%). Thirty-six percent reported using the Spanish version. Respondents reported using the *Physician Fact Sheet* as a clinician reference (77%); to ask questions (15%); to call for consultation and to receive updates (8%).

Conclusions

Did the program/practice meet its objectives?

Yes. The predistribution survey of obstetrician–gynecologists established that insufficient time and a burdensome consent process were the most significant barriers to screening all pregnant women for HIV. The postdistribution survey provided evidence that the development and broad dissemination of innovative and specialized professional and patient educational materials contributed significantly to lowering those barriers. Mass media events that coincided with the distribution of the "Purple Folder" further reinforced the specialty society's message by raising public/patient awareness of the importance of prenatal HIV screening. The combination of these factors contributed to an increase in the number of pregnant women being tested for HIV.

Why was it successful?

The program met its goals because the educational materials developed were specialized and effective. Broad distribution of the "Purple Folder" and the mass media events promoting its contents enabled the message of routine HIV testing of pregnant women to reach the majority of practicing obstetrician–gynecologists, other obstetric and pediatric providers, State health/AIDS directors, numerous related organizations, and the general public.

What would your group do differently in the future?

Given more time and more funding, grant staff would be able to conduct additional research into obstetrician–gynecologists' HIV testing practices; validate provider responses; examine patient records to corroborate that testing had been offered and confirm actual testing rates.

What was the greatest challenge and how it was overcome?

The greatest challenge was the broad distribution of a large number of educational tools in a short time-frame. The current grant allows more time for the development and distribution of materials.